

AUTHORIZATION TO SHARE CONTACT INFORMATION

Information collected by the Privacy Act Statement (10 U.S.C 9013) cannot be shared without your consent. There are several instances in which individuals affiliated with the United States Air Force (USAF) request information from the Private Organization Monitor. These instances can include times where a member of another private organization wants to collaborate with your private organization, an individual associated with the USAF is looking for information regarding the organization, and so forth. Due to the Privacy Act Statement, this information cannot be released. When this situation arises, the Private Organization Monitor will reach out on the requestor's behalf to facilitate communication with you.

This form allows private organization officials to opt in to having their contact information shared at the request of others affiliated with the USAF (Active Duty Members, private organization members, etc.). Sharing contact information is voluntary and left up to each council member's discretion. The purpose of adding this option to the Privacy Act Form is to make coordination and communication easier between the parties involved.

The form automatically defaults to "DO NOT SHARE", so please check you have selected the correct option. If your Private Organization has other members than what is listed, please let your Private Organization Monitor know. The form will be edited to match your organization's council. Also, if you do not have a way to digitally sign the document, the form can also be tailored for this as well.

	<u>SHARE EMAIL</u>	<u>SHARE PHONE</u>	<u>SHARE BOTH</u>	<u>DO NOT SHARE</u>
PRESIDENT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President's Signature:				
VICE PRESIDENT:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President's Signature:				
SECRETARY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary's Signature:				
TREASURER:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer's Signature:				
SERGEANT AT ARMS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sergeant at Arms' Signature:				
PUBLIC RELATIONS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Relation's Signature:				

This Authorization has been read by all elected officials. The requested information is given for the above-stated purposes to the 27 Special Operations Force Support Squadron.